## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:

34.11 34.1164. TOOTTE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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WOODCOCK WASHBURN LLP Cira Centre 2929 Arch Street, 12th Floor Philadelphia, PA 19104-2891

4a. The following fee(s) are enclosed:

5. Change in Entity Status (from status indicated below)☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Typed or printed name Michael P. Dunnam

☐ Advance Order - # of Copies

■ Issue Fee

■ Publication Fee

Authorized Signature

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Certificate of Mailing or Transmission

APPLICATION : 09/973,011	NO.		LING DATE 0/10/2001	FIRST NAN Laure	MED INV		ATTOF	RNEY DOCKET NO. IVPH-0069	CONFIRMATION NO. 4760	
TITLE OF INVENTION: METHOD AND SYSTEM FOR FINGERPRINT AUTHENTICATION										
APPLN. TYPE nonprovisional	SMALL ENTITY NO		ISSUE FEE \$1400			PUBLICAT \$30		TOTAL FEE(S) DUE \$1700	DUE DATE 07/24/2007	
EXAMINER ART UNIT Colin M. LaRose 2624					CLAS	SS-SUBCLASS				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.						2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents.  If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type).  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11 Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY & STATE OR COUNTRY)										
ACTIVCARD IRELAND LIMITED					DUBLIN, IRELAND					
Please check the appro	e category indi	cated below (will not be p		individual	corporation	or other private group entity	y Government			

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Date

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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/Michael P. Dunnam/

4b. Payment of Fee(s):(Please first reapply any previously paid issue fee shown above)

The Commissioner is hereby authorized to charge any deficiency or credit any overpayment of the fees associated with this communication to Deposit Account No. 23-

A check in the amount of the fee(s) is enclosed.

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

32,611

July 18, 2007